

Sue Robson, Sigrid Brogaard-Clausen and David Hargreaves
Early Childhood Research Centre, University of Roehampton,
Roehampton Lane, London SW15 5PJ
s.robson@roehampton.ac.uk; ORCID iD 0000-0002-1396-367X
s.brogaard-clausen@roehampton.ac.uk
d.j.hargreaves@me.com

Corresponding author: Sue Robson

Abstract

Well-being is a significant concept in research, policy and practice in education, but consensus about what it is is challenging. In addition, the well-being of children under eight is under-researched. Using online surveys, this paper looks at the perspectives of 155 parent/carers and 285 practitioners in England on young children's well-being. In many areas there were high levels of agreement: the importance of fun and laughter, feeling good about oneself, feeling listened to, good family relationships, time and space to play and opportunities to express thoughts and feelings. Parents/carers emphasized 'love' whilst practitioners emphasized listening to children. Practitioners also strongly emphasized the importance of their relationships with children and parents/carers. The paper concludes that, whilst the perspectives of parents/carers and practitioners are valuable, a full understanding of young children's well-being needs to include their voices as well as those of adults.

Keywords

Well-being, perspectives, parent, practitioner, love, listening

Introduction

Well-being is a concept which has gained considerable momentum in research, policy and practice in education

(Joloza, 2013). However, despite this, the concept remains ambiguous (Mashford-Scott, Church and Tayler, 2012), and ‘conceptually muddy’ (Morrow and Mayall, 2009:221), with a weak theoretical basis (Statham and Chase, 2010). Fauth and Thompson, whilst acknowledging this, conclude that:

experts generally agree that the term should be used to encompass the developmentally appropriate tasks, milestones and contexts throughout the life course that are known to influence current quality of life and happiness and pave the way for future health and success.

(Fauth and Thompson, 2009:4)

Are, though, the voices of all ‘experts’ heard? Parents, practitioners and children themselves can be said to have expertise, at the very least about their own lives: when asked, do they offer similar ideas, or do they say something different?

A significant problem when looking at well-being in early childhood is that the great majority of research and writing in the area has largely ignored the subject of well-being in children under the age of 8 years. UNICEF note that

there is one other weakness in almost all current attempts to monitor the well-being of children, whether internationally or within individual countries. That weakness is the lack of data about children’s developmental well-being in the earliest months and years of life.

(UNICEF Office of Research, 2013:34, henceforth

The current study was framed with these two factors in mind, as an exploration of the views of parents and practitioners on young children's well-being. This study is also being used to inform the development of future work which seeks to elicit the views of young children themselves, both in an effort to address the acknowledged weakness with regard to data on young children, and to ensure that children's voices are 'built into data-collection processes' (UNICEF Office of Research, 2016:41, henceforth UNICEF, 2016).

Well-being: What is it and why does it matter?

As already noted, despite the popularity of well-being as an idea (and an ideal) there is a lack of consensus when it comes to defining what might be meant by the term. The reasons for this include the fact that it has been of interest to a range of disciplinary perspectives all of which have their own foci (Mashford-Scott et al., 2012), and its apparent interchangeability with other terms, with different terms used as a proxy for well-being (Mashford-Scott et al., 2012).

Looking at the first of these possible reasons, Mashford-Scott et al. (2012) identify four broad perspectives on well-being, arising from social and economic, psychological and mental health, philosophical and educational viewpoints. A social and economic perspective, arising largely from the discipline of sociology, tends to focus on structural issues, and objective indicators attractive to policy-makers, whilst a psychological and mental health perspective is grounded more in personal feelings and emotions (McLellan and Steward, 2015). A philosophical perspective has the oldest heritage, originating in Ancient Greek concepts of Hedonia, a subjective notion about 'how satisfying one evaluates his or her life to be' (Disabato et al., 2016:471) and Eudaimonia, how one achieves happiness through leading a good life, or 'flourishing' (Seligman, 2011). Whilst these have been seen as distinct and different, there are moves to integrate aspects of the two, for example in Seligman's (2011) identification of

five elements of well-being: Positive emotion, Engagement, Relationships, Meaning and Accomplishment (PERMA). Disabato and colleagues' study (2016) concludes that Hedonia and Eudaimonia are highly correlated on a number of measures, and may be better seen as one well-being construct. The final perspective, educational, is underpinned by a more instrumental, developmental view (Mashford-Scott et al., 2012). These different perspectives emphasize different aspects of well-being, whilst at the same time they are also clearly overlapping to some degree, for example, ideas of Eudaimonia are significant in Psychological Well-Being (PWB).

The second potential reason for the lack of agreed definition, the apparent interchangeability of well-being with other terms, is reflected in the range of expressions used in the literature. These include 'social and emotional competence' (Mayr and Ulich, 2009), 'life satisfaction', 'quality of life' (Statham and Chase, 2010), 'mental health' (Danby and Hamilton, 2016), 'a good life' (McLellan and Steward, 2015), and 'happiness' (Morrow and Mayall, 2009; Roberts, 2010).

Common to both reasons is the potential for the idea of well-being to be understood differently by different people, with consequent possible confusion and disagreement (Spratt, 2015). These differences in understanding then influence both what is measured, and how it is measured.

Underpinning the interest in well-being is a view that it matters, and that the more we know about it the more we may be able to enhance it (Mashford-Scott et al., 2012). Is this the case, however? What benefits might accrue from a focus on well-being, and can the well-being of individuals be enhanced by interventions? A wide range of benefits have been attributed. These include the importance of well-being for learning and school success (Education Scotland, undated) including the key disposition of involvement (Laevers, 2000); resilience (Bagdi and Vacca, 2005); positive relationships (Barblett and Maloney, 2010); amelioration of problem

behaviours (Spratt, 2015), and as a protective factor against mental illness (Weiss, Westerhof and Bohlmeijer, 2016).

Seland, Sandseter and Bratterud (2015) cite studies which point to enhanced productivity, better health and even enhanced life expectancy. By implication, then, attention to well-being has benefits to society as a whole, including economic benefits. As a result, well-being has become

increasingly evident in public policy, and educational curricula. Statham and Chase (2010) highlight the different lenses through which children's well-being may be viewed by policymakers: needs, child poverty, quality of life, social exclusion and children's rights. These different foci may be prioritized differently by different groups, for example parents and practitioners, and also inevitably influence the measures being applied.

In the early years, well-being is evident as an essential component of programme quality (Mashford-Scott et al., 2012). In England, the Early years inspection handbook (Office for Standards in Education, Children's Services and Skills [OFSTED], 2015) lists well-being alongside learning and development as the key areas for judgements by inspectors. Promotion of good mental well-being, and early identification of potential problem behaviours and poor well-being, is advocated in order to maximize the potential for resilience and well-being in later childhood and adulthood (Danby and Hamilton, 2016; White, Connelly, Thompson and Wilson, 2013). In a meta-analysis of Psychological Well-Being studies, Weiss et al. conclude that 'psychological well-being can be significantly improved to a moderate extent' (2016: 12). A smaller review of the literature on 'mindfulness' (including the use of yoga, relaxation and breathing exercises) concludes that it can be effective in promoting young children's well-being (Erwin and Robinson, 2016).

Well-being in the United Kingdom: Concerns and policies

Concern over the perceived well-being of children in the United Kingdom is relatively long-standing. By 2007, UNICEF had placed UK children at the bottom of a league

table of 21 OECD nations for overall levels of well-being (UNICEF, 2007). Whilst there may have been some problems with the available data and the ways in which it was used (Morrow and Mayall, 2009), the Report nevertheless received widespread publicity. Reports such as *A Good Childhood* (Layard and Dunn, 2009) attest to the strength of concerns. By 2013 the assessed well-being of children in the UK had risen,

but only to 16th out of 29 ‘rich’ countries (UNICEF, 2013). The 2015 Good Childhood Report, an annual survey, ranked children aged 8-13 in England 14th out of 15 countries for life satisfaction, and generally low on a range of other measures of subjective (hedonic) well-being (The Children’s Society, 2015). The 2016 report concludes that, for girls in particular, the overall trend with regard to subjective well-being is down year on year (The Children’s Society, 2016a), a finding corroborated by UNICEF (2016). The reasons for these statistics are challenging to discern. Concerns about poverty (Morrow and Mayall, 2009) and inequality (UNICEF, undated) are prevalent. UNICEF (2016) places the United Kingdom joint 14th out of 36 ‘rich’ countries in their survey on inequality for children, that is, how far a country allows the most disadvantaged children to fall behind the ‘average’ across a range of measures (income, education, health and life satisfaction). As they point out, this situation is unchanged from 2008.

What is being measured? – and who?

Early perspectives on well-being were located in the field of health, as exemplified in the World Health Organisation (WHO) definition that ‘Health is a state of complete physical, mental and social well-being’ (WHO, 1946). In subsequent years, a key driver of policy development and cross-national comparison has been economic performance-oriented, ‘objective’ data (Mashford-Scott et al., 2012), such as levels of income poverty. However, there is increased recognition of the insufficiency of such measures for the development of policy (Statham and Chase, 2010). At the same time, as noted earlier, the interdisciplinary nature of the field also leads to different emphases on what matters in measuring well-being,

for example, developmental perspectives versus those that foregrounds children's rights (Statham and Chase, 2010).

Internationally, there has been considerable interest in developing sets of indicators for measuring children's well-being, for example in the work of UNICEF (see UNICEF 2007, 2013). In the United Kingdom, The Children's Society, in collaboration with the University of York, has focused on children and young people's subjective, particularly hedonic, well-being. However, they also acknowledge the importance of children's psychological well-being, and eudaimonic aspects such as relationships, and autonomy, encompassed by Seligman's idea of 'flourishing' (2011). Their Good Childhood Index considers the views of children aged 8-17 on ten dimensions: family, friends, health, money and things, home, school, appearance, time use, choice and the future (see The Children's Society, 2015, 2016a, 2016b).

This subjective approach has been criticized as lacking sufficient robustness for informing policy (Statham and Chase, 2010) and as overly individualistic, with insufficient attention to culture and social context (Morrow and Mayall, 2009). Cheng et al. (2016) conclude that cultural differences in subjective well-being are more complex than might previously have been thought, whilst Guimaraes, Howe, Brogaard Clausen and Cottle (2016) emphasize the fluid nature of subjective well-being, and how it differs across situations within a given context. At the same time, objective measures are limited in their capacity to inform our understanding of children's sense of well-being, and how it may be supported in contexts (Mashford-Scott et al., 2012). An emerging picture is of some consensus about the value of a balanced approach which incorporates both objective and subjective measures (Statham and Chase, 2010). UNICEF suggest that arguments against the validity of subjective well-being measures have 'dissipated' (2016:32) in recent years, with policy makers now using such measures more openly.

It remains the case, however, that, with the exception of the

work of researchers such as Laevers (1994, 2000), Mayr and Ulich (2009) and Seland et al., (2015), the vast majority of efforts to measure the well-being of children, including those by UNICEF (2007, 2013) and the UK Office for National Statistics (Joloza, 2013) focus on the age range of eight years and over. Even within that the term ‘children’ remains undifferentiated by age or culture, and may not, for example, take account of children with English as an additional language (Barblett and Maloney, 2010).

Child, practitioner and parent perspectives on well-being
Research into young children’s well-being has mostly centred upon observation and parent and caregiver reports, with fewer studies that have sought children’s own views. Such work clearly poses methodological challenges, but there is growing interest in the value of going directly to young children (Barblett and Maloney, 2010; Fauth and Thompson, 2009, Mashford-Scott et al., 2012), consistent with a perspective of young children as experts on their own lives (Perry and Dockett, 2011). Indeed, given the idea that both objective and subjective measures are valuable, it could be argued that such efforts are imperative in order to derive authentic and meaningful knowledge about young children’s well-being (Mashford-Scott et al., 2012). Where there is evidence from older children, there is some consensus with regard to what they themselves say about their own well-being. Chief amongst these is the importance of their relationships, with family and friends (Seland et al., 2015; The Children’s Society, 2016a; UNICEF, 2016, undated). Fattore, Mason and Watson (2009) identify three dimensions of importance to the 8-15 year-olds in their study: a positive sense of self, having agency, and security and safety. UNICEF (undated) conclude that, along with time with family and friends, lots of stimulating things to do and activities outside the home, especially outdoors, were rated highly by children.

Early years practitioners in England have an obligation to address children’s well-being (OFSTED, 2015). Spratt (2015) draws on ideas from Reggio Emilia about the importance of

feeling listened to and loved, but also found that teachers' views tended to echo the written policy discourses. Danby and Hamilton (2016) found that primary practitioners believed themselves to be well placed to support children's mental well-being, partly because of their knowledge of child development, a factor also identified by early years practitioners in White et al. (2013). They also stressed the need to work closely with parents, with explicit policies for school and family partnerships, and the importance of training (Danby and Hamilton, 2016).

It is axiomatic to say that parents and carers are significant influences on child outcomes, and that stressful home circumstances may negatively influence young children's well-being, whilst shared positive emotional experiences between parents and children may be supportive of social and emotional well-being (Bagdi and Vacca, 2006; UNICEF, 2016). Given the emphasis that children themselves place upon relationships (UNICEF, 2016; Stephen, 2009), it is valuable to look at this in the context of parent and practitioner views. Page (2011) emphasizes the importance of what she calls 'professional love' by practitioners as complementary to the love between parents and children. She asserts that the complex task of caring for and educating young children includes the need to love them, a term which she prefers to others such as attachment or respect. Seland et al. (2015), similarly, use the concept of 'love' by practitioners as crucial for children's well-being. At the same time, there is well-documented anxiety on the part of some practitioners about loving the children they care for, and their concerns that this might take away love from a parent (Hopkins, 1988), and avoidance of close involvement with children may be used by practitioners as a defence mechanism (Page and Elfer, 2013). Page (2011) documents some parents talking explicitly about wanting caregivers to love their children, whilst others did not use the term, and focused on, for example, 'emotional attachment'.

The Project

The research described here forms part of the Froebel Research Fellowship Project ‘The Voice of the Child: Ownership and Autonomy in Early Learning’. This paper focuses particularly on the views of parents/carers and practitioners, and addresses the research question: What do parents and practitioners understand by well-being in young children? The theoretical framework draws on Positive

Psychology (Seligman and Csikszentmihalyi, 2000), with its focus on well-being, health and quality of life, and Self-Determination Theory (Ryan and Deci, 2000), which conceives of well-being in terms of three main components: competence (cognitive aspects); relatedness (social aspects, deriving from relationships with significant others) and autonomy (self-regulation and identity, that is, the emotional/motivational aspects of well-being). Implicit in both is the idea of the potential for the well-being of all to be enhanced and promoted, in contrast to perspectives which have focused more on the amelioration of negative well-being in individuals.

Method

Participants

The study was conducted via online questionnaires posted on a number of websites for either parents/carers or early childhood professionals, and resulted in 155 parent/carer responses and 285 practitioner responses, from across England (the decision was made to focus solely on English contexts as the countries of the United Kingdom have developed very differing approaches to early education since Devolution). Table 1 shows details of gender and location of participants (self-identified).

Table 1: Participants

(percentages larger than 10 rounded to nearest whole number)

Participants	Gender				Location of home (parents) or setting (practitioners)			Type of setting worked in		
	FEMALE	MALE	PREFER NOT TO SAY	COUPLE COMPL- ETING	RURAL	SUB-URBAN	URBAN	PRIVATE	STATE FUNDED	VOLUN- TARY
Parents/ carers (155)	143 (92%)	8 (5.2%)	2 (1.3%)	2 (1.3%)	64 (41%)	60 (39%)	31 (20%)	N/A	N/A	N/A
Practitioners (285)	272 (95%)	11 (3.9%)	2 (0.7%)	N/A	77 (27%)	100 (35%)	108 (38%)	149 (52%)	100 (35%)	36 (12%)

Table 2 shows details of the ages of children that practitioners worked predominantly with.

Table 2: Practitioners and the ages of children they worked with ($n=285$)

Children's ages	0-1	1-2	2-3	3-4	4-5	5-6	6+
Practitioners working with	29 (10%)	31 (11%)	51 (18%)	60 (21%)	48 (17%)	23 (8%)	43 (15%)

Procedures and research tools

Two questionnaires were developed, for parents/carers and practitioners respectively, drawing on previous literature. The process of development was deductive, in that we used *a priori* categories and areas derived from existing literature, including Bradshaw (2002), Fauth and Thompson (2009), Laevers (1994), Mayr and Ulich (2009), Roberts (2010), and UNICEF (2007, 2013) *inter alia*. Ten areas of well-being were established, which are addressed in items in the questionnaires. These include both objective and subjective ideas of well-being:

- Community and culture
- Emotional/spiritual
- Family
- Financial/material
- Learning and education
- Personality/behavioural
- Physical – health and safety
- Play
- Self-concept, subjective well-being
- Social

Excerpts from both questionnaires (omitting early items on gender, location, age, type of home/setting *inter alia* for reasons of space) are included as Appendix A.

Analysis and Coding strategy

The majority of items used either Likert scales or numerical scoring, supporting quantitative analysis. One item, 27 (practitioner questionnaire) and 28 (parent/carer questionnaire) provided the opportunity for free text responses: ‘Please add anything else below that you think children's well-being depends on’. Responses were independently coded by 2 members of the research team, resulting in the identification of 283 comments in 17 categories. In assigning items to categories, inter-rater agreement was 96%, with non-agreement on 10 items out of 283. These 10 were then resolved (see Table 5 below).

The resulting data afford both quantitative and qualitative analysis: such mixed method research design and data analysis is suggested by Johnson and Onwuegbuzie (2004) as particularly useful in the context of educational research.

Ethics

Ethical clearance was obtained from the University of Roehampton, and British Educational Research Association (BERA) Guidelines (2011) were complied with. All participants were assured of anonymity.

Results

Quantitative data were derived from items 13-26 of the practitioner questionnaire and 14-27 of the parent/carer questionnaire, with qualitative data coming from Item 27 of the practitioner questionnaire and 28 of the parent/carer questionnaire.

Item 13 in the practitioner and 14 in the parent/carer questionnaires asked participants to rate 13 different categories on a scale of 1-10, with 1 = ‘not important’ and 10 = ‘very important’. Table 3 shows the average score in each category, and resulting rank orders.

Table 3: Results from Item 13 (practitioner questionnaire)

and Item 14 (parent/carers questionnaire): How important are the following to children's well-being?

Category	Practitioner average score (and overall rank)	Parent/carers average score (and overall rank)
Good family relationships	9.79 (1)	9.62 (2)
Experiencing fun and laughter	9.78 (2)	9.64 (1)
Feeling good about themselves	9.76 (3)	9.6 (3)
Time and space to play	9.7 (4)	9.4 (5)
Feeling listened to	9.69 (5)	9.48 (4)
Expressing thoughts and feelings	9.35 (6)	9.38 (6)
Enjoying nursery or school	9.3 (7)	8.82 (7)
Enjoying physical activity	8.84 (8)	8.56 (10)
A sense of belonging in a community	8.83 (9)	8.08 (11)
The company of friends	8.67 (10)	8.65 (8)
Being good at listening to others	8.5 (11)	8.61 (9)
Financial security	6.98 (12)	7.67 (12)
Having religious or moral beliefs	6.89 (13)	6.44 (13)

There was general congruence between parents and practitioners on the relative importance of the categories, particularly those viewed as most and least important. There is a strong affective focus, emphasising children's experience of enjoyment, fun, laughter and feeling positive about themselves, and about their opportunities to express their thoughts and ideas. The contexts of family and nursery suggest the value put upon social relationships by both parents and practitioners. Common to both sets of participants are the placing of least emphasis on financial and religious or moral dimensions.

Uncorrelated t-tests were carried out which showed that, despite this broad agreement, some categories were significantly more important for one group than the other. Likert scale Items ([14-26/15-27](#)) addressed similar aspects, and it is useful to examine the data from these alongside that from Item 13/14. Table 4 shows the categories for which there were significant differences between parent/carers and practitioner views in either the rating and Likert scale items (statistical significance is at the 0.05 level).

Table 4: Statistically significant differences in parent/carers

and practitioner views on the importance of different aspects of children's well-being

'How important are the following to children's well-being' (Item 13/14) Likert scales
(Items [14-26/15-27](#))

More important to practitioners

Time and space to play

$t(182.6) = 2.898, p < .004$, small/medium effect size $r = .28$

Feeling listened to

$t(186.32) = 1.98, p < .05$, small effect size $r = .15$

Enjoying nursery or school

$t(198.3) = 2.91, p < .004$, small/medium effect size $r = .28$

A sense of belonging in a community

$t(373) = 4.135, p < .000$, medium effect size $r = .44$

Feeling part of a community

$t(372) = 2.99, p < 0.003$, small/medium effect size $r = .28$

Having a close bond with their keyworker/practitioner/teacher/childminder

$t(367) = 8.36, p < 0.000$, large effect size $r = .76$

Having religious beliefs

$t(364) = 4.48, p < 0.000$, medium effect size $r = .48$

A good relationship between parents and childcare professional

$t(369) = 7.26, p < 0.000$, large effect size $r = .7$

More important to parents/carers

Financial security

$t(369) = -3.228, p < .001$, small effect size $r = .23$

Having a good relationship with their parent/carer

$t(320) = -1.924, p < .055$, small effect size $r = .21^*$

The family having enough money

$t(373) = -2.79, p < .006$, small effect size $r = .2$

* This difference was not significant, but did represent a small sized effect

The final questionnaire item 'Please add anything else below that you think children's well-being depends on' (Item 27/28), allowed for narrative responses. Comments here were made by 86 practitioners (30%) and 37 parents/carers (24%). A total of 283 comments were identified and coded, with 75 comments from parents (average 2 categories per parent) and 208 from practitioners (average 2.4 categories per practitioner). Table 5 shows the 17 categories identified, along with frequency counts for each category.

Whilst it is not possible to infer an absolute sense of priorities here, as participants may have felt that the previous questionnaire items covered everything they wanted to say, the data are nevertheless interesting in highlighting some further differences in practitioner and parent emphases. The comments here are also ones that practitioners and parents felt moved to make, above and beyond their responses to the other questionnaire items, suggesting that either they were particularly important to them, or that they felt that they were not well enough addressed in earlier items. The results show a

number of areas of broad agreement, for example about the significance of children's self-concept (the most frequently mentioned category), the environment, morals ethics and religion, and finances.

Table 5: Categories of comments and frequency counts identified in response to questionnaire item 'Please add anything else below that you think children's well-being depends on'

Category	Descriptors	Practitioner (<i>n</i> =86) comments (%age of respondents)	Parent (<i>n</i> =37) comments (%age of respondents)	Total
Self-concept	Sense of self; Self-esteem and sense of self-worth; Feeling valued; Being respected/accepted, sense of belonging; Recognition of unique personality; Confidence and self-efficacy; Opportunity to succeed; Resilience	30 (35%)	12 (32%)	42
Love and being loved	Feeling loved, cared for, special; Knowing they are loved; Emotional warmth ; Physical expressions of love/being loved	16 (19%)	15 (41%)	31
Environment	Opportunities to experience different spaces/places; Range of experiences, including first-hand; Affordance of environment for exploration, experiment, imagination, creativity, challenge and risk-taking	19 (22%)	9 (24%)	28
Safety and security	Feeling safe, secure, protected; Containment	18 (21%)	5 (14%)	23
Family	Family experiences, and time as a family; Effects of parenting; Family (including extended) relationships; Attachment; Parental health and well-being; Home/school relationships	17 (20%)	5 (14%)	22
Agency	Autonomy; Expressing thoughts and feelings; Freedom to make decisions and choices; Feeling empowered	16 (19%)	3 (8%)	19
Listened to	Being listened to, being heard; Verbal/non-verbal listening by adults; Feeling they have a voice; Consulted and involved; Freedom to express themselves; Needs recognized and understood	14 (16%)	3 (8%)	17
Health	Physical and mental health, and healthy diet; Sleep and rest; Medical care	13 (15%)	3 (8%)	16
Practitioners and practice	Relationships with practitioners; Influence of practitioners as example/ model; Qualifications of practitioners; Practitioner knowledge of child development etc; Key person role; Practitioner team work and support	14 (16%)	1 (3%)	15
Play	Opportunity/freedom to play and explore; Access to play spaces and activities; Indoor and outdoor play; Learning through play; Adult involvement in children's play	13 (15%)	1 (3%)	14
Happiness & being a child	Happiness, joy and excitement; Enjoyment of being a child; Respect of adults for idea of childhood	9 (10%)	4 (11%)	13
Stability and routine	Routine, continuity and consistency; Knowing what to expect ; Knowing what is expected; Boundaries and rules	10 (12%)	3 (8%)	13
Social understanding	Social skills and social relationships; Social interaction, with peers and adults; Respect for others; Empathy	6 (7%)	4 (11%)	10
Morals, ethics and religion	Moral/ethical development & understanding, moral values; Religious/spiritual belief; Behaviour; Respect for & personal nature of religious belief; Distinguishing moral and religious belief	6 (7%)	3 (8%)	9
Learning and education	Quality of learning experiences; Learning at home and in EC settings; Effects of/pressure of education system	3 (3%)	2 (5%)	5
Finances	Financial stability, having enough money; Relationship of money to well-being; Effects of poverty	3 (3%)	1 (3%)	4
Friendship	Having friends; Different circles of friends	1 (1%)	1 (3%)	2
TOTAL		208	75	283

However, it is worth noting categories where there were clear differences. The first of these, and more frequently mentioned by parents than anything else, concerns ideas of love and

being loved. 41 percent of parents (15) talked of love, and only 19 percent of practitioners (16). Particularly evident in parent/carer comments is specific mention of the word 'love', as in the following parent comments:

Being LOVED and having it demonstrated that they are LOVED. That is the most important one of all, and you didn't put it in!

Knowing they're loved

To feel loved for who they are.

Not only did a lower proportion of practitioners comment in this area, but also, whilst some practitioners did refer specifically to the importance of children 'feeling loved' and 'being loved', they tended often to focus on terms such as 'attachment' 'cared for' and 'cherished'.

By contrast, practitioners placed greater emphasis on the importance of children being listened to, with 14 practitioner comments (16 percent) compared to 3 parent comments (8 percent), and the linked idea of children's agency, with 16 practitioner comments (19 percent) compared to 3 parent/carer comments (8 percent), as in the following practitioner comments:

Being listened to and feeling they have a voice that is paid attention to.

A sense of being heard and respected.

Consulted and involved in decision making. Having a voice.

This is all the more interesting in that 'feeling listened to' was a specific category in Item 13/14, suggesting that practitioners wanted to emphasize it.

Practitioners also more often cited the importance of play for young children's well-being (13 comments, compared to 1 comment by a parent), including:

Sustained opportunities for open ended play.

I think it is increasingly important that parents/caregivers respond to play cues and engage in play with their children. This seems to be what is most lacking in some children that I work with and the results can be

catastrophic for their development and well-being.

The one parent who commented referred to the importance of a 'balance between indoor and outdoor play'.

Practitioners placed much more emphasis on their own roles than did parents, with 14 practitioners (16 percent) making comments about practice and practitioners and only 1 parent (3 percent). Practitioner comments include:

A good key worker can make all the difference for these children.

being guided by professionals who recognize the importance of childhood

The one parent who commented here said:

Close relationship with teacher less important with increasing age but important.

One final category worth mentioning is that of children's friendships, over which there appeared to be some inconsistencies in both parent/carer and practitioner views. The Likert scale items 'Having close relationships/friendships' and 'Joining other children in play' were rated agree/strongly agree by over 92 percent of both parents and practitioners. However, in Item 13/14 'The

company of friends' was scored quite low (8th in importance by parents and 10th by practitioners) and Friendship also elicited the lowest frequency of comments in the Item 'anything else below that you think children's well-being depends on', being mentioned by only one parent and one practitioner.

Discussion

Practitioner and parent/carer agreement

In many areas there were high levels of agreement between

practitioners and parents/carers about what was seen as important for young children's well-being. Both prioritized aspects such as fun and laughter, feeling good about oneself, feeling listened to, good family relationships, having time and space to play and opportunities to express thoughts and feelings. Comments about children's self-concept were the most common category in item 27/28. This emphasis on affect echoes Seligman's PERMA model of Positive emotion, Engagement, Relationships, Meaning and Accomplishment (2011) as the five elements of well-being. Many of the parents' and practitioners' priorities were also similar to what we know older children themselves might say, including the importance of their relationships with family (Morrow and Mayall, 2009; Statham and Chase, 2010; UNICEF, 2016, undated), a positive sense of self and agency (Fattore et al., 2009, and lots of stimulating things to do (UNICEF, undated).

Common to both sets of participants are the placing of least emphasis on financial and religious or moral dimensions, and neither group made many comments about these two aspects. As one practitioner put it: 'Financial stability does not always contribute towards the well-being of children'. However, whilst neither group prioritized financial aspects, they were seen as more important by parents than practitioners (see Table 4), understandable in times of austerity, and employment instability. Economic indicators such as income poverty have been key drivers of policy development internationally (Mashford-Scott et al., 2012), albeit that they are insufficient by themselves (Statham and Chase, 2010).

Similarly, neither group here prioritized religious beliefs. Practitioners placed more emphasis than parents/carers on religious beliefs (see Table 4), but their free text comments tended to focus more on aspects such as an understanding of boundaries, and knowing expectations rather than specific religious beliefs.

Loved or listened to? Practitioner and parent/carer differences

Within the broad agreement, there were nevertheless some interesting areas of difference. Although both groups placed high importance on the idea of children feeling listened to, this theme was more significant for practitioners (see Tables 3 and 5), and, whilst both groups made a large number of comments about love, this aspect was more important to parents (see Table 5). It seems understandable that parents would talk of the importance of loving their children, and of their children feeling loved, so the fact that they did so should not be surprising. However, whilst practitioners also valued the closeness of their relationships with the children in their care (as evidenced by the Likert scale item ‘having a close bond with their keyworker /practitioner /teacher / childminder, and by the number of free text comments about this), their comments were both far fewer than those of parents, and also featured the word ‘love’ much less often. As Hopkins (1988) highlights, there is often anxiety and concern on the part of some practitioners about ‘loving’ the children they care for. At the same time, Page (2011), along with Seland et al. (2015) emphasize the idea of love between practitioners and children as crucial to their well-being.

What seems to have been more central for practitioners is the importance of listening to children. Spratt (2015) found that teachers’ views tended to echo the written policy discourses on well-being, and recent years have seen considerable emphasis placed upon children’s rights, and the importance of hearing children’s voices. Globally, it is evident in the United Nations Convention on the Rights of the Child (1989). In England, the Department for Education

publication *Listening to and involving young children* (2014) is statutory guidance which obliges local authorities and maintained schools ‘to have regard to it when considering how best to provide opportunities for pupils to be consulted on matters affecting them or contribute to decision-making in the school’ (2014:1). At the level of practice, the ‘pedagogy of listening’ is a key concept in the influential approach of Reggio Emilia (Rinaldi, 2006), and models such as Clark and Moss’s Mosaic Approach (2001) have been significant in promoting listening to young children, in particular. This

emphasis at both policy and practice levels may have contributed to practitioners’ focus on listening, alongside other aspects such as agency.

Practice and the role of practitioners: Practitioner and parent/carers differences

There were major differences between parents/carers and practitioners about the place of the school or nursery, and the roles of practitioners themselves. Practitioners placed higher emphasis on the importance of children enjoying nursery or school (see Table 4), and on a key tenet of practice with young children, the importance of play (see Tables 4 and 5). Most notably, though, it was their own roles as practitioners which marked the starkest differences between their views and those of the parents/carers. Practitioners emphasized the importance of their relationships with both children and parents/carers. This reflects the conclusions of Danby and Hamilton (2016), and White et al. (2013) that practitioners believed themselves to be well placed to support children’s mental well-being. Danby and Hamilton (2016) also found that practitioners believed they had an important role in working with parents to support children’s well-being. It may also be that practitioners were, possibly unconsciously, emphasising aspects over which they could potentially exercise more control, although it is not possible to know this.

It must be stressed, however, that parents/carers were clearly not dismissive of the role of professionals in their children’s well-being, it just was not evident as a priority for them. For

example, over 25 percent of parents responded either ‘neutral’ or ‘disagree’ to the Likert scale items ‘Children’s well-being depends on having a close bond with their keyworker/practitioner/teacher/childminder’ and ‘a good relationship between parents and childcare professional’. The same items for practitioners elicited a ‘neutral’ to ‘strongly disagree’ result of 10.5 percent.

Conclusion

The data presented here provides a brief summary of some of the outcomes of the project. It must be borne in mind that the data here were derived from online surveys, and thus may have excluded the views of parents/carers and practitioners who do not or cannot access the internet. However, the intention here is to provide a snapshot of the priorities, similarities and differences between parents and practitioners about the well-being of the children whose welfares they have in common. No account is taken, for example, of aspects such as the gender of participants, their locations, ages, family incomes or types of setting, which will be considered in future papers.

What is clear is that there are many areas of similarity in parents/carers’ and practitioners’ beliefs about what is important for young children’s well-being. Both groups share a view that it is important for children to experience fun and laughter and time to play, to feel good about themselves, including feeling listened to and able to express their thoughts and feelings, and crucially to experience good family relationships and to enjoy the time they spend outside the home, in nursery or school. Thus, the participants here placed considerable emphasis on children’s subjective experiences of well-being, above more objective measures.

At the same time, there were also some clear differences in the priorities of these two groups. In particular, parents were strong in their views about the importance of children feeling loved, and of knowing that they are loved. Practitioners, possibly as a result of current policy and practice discourses,

emphasized the importance of feeling listened to for young children's well-being. Practitioners were also clear about what they saw as the centrality of their own roles in promoting children's well-being directly, in their interactions with children and their parents and carers, and also less directly, in the communities they create in nurseries and schools.

In developing the questionnaires used here, we looked at a range of existing measures in order to generate what we believed would be a comprehensive set of categories, both

objective and subjective. Interestingly, both parents and practitioners highlighted some areas which may not, in fact, be well addressed in current measures. 'Love', particularly explicit use of the term, is clearly one area. Alongside love and being loved, a number of participants emphasized the importance of stability and routine for children, especially aspects such as continuity and consistency. Such ideas can be seen to be implicit in, for example, Laevers' 'need for safety, clarity and continuity' (1994) or categories such as 'Home' and 'School' (The Children's Society, 2015), but participants here talked of these ideas much more explicitly, suggesting their importance to them.

Finally, it is important to bear in mind that the views here are those of the parents/carers and practitioners, reflecting on what they believe is important for children's well-being. Whilst they may be valuable (and valid), they may also differ from what children themselves might say. In particular, parent/carers and practitioners did not tend to rate children's friendships highly in comparison to other measures. As Stephen (2009) points out, children's own primary reason for coming to a setting is often about making or being with friends, whilst Seland et al. (2015) and UNICEF (undated) highlight the emphasis children themselves put on friendship for their well-being. This suggests that there may be some disparity in this area at least between children's own perspectives on their well-being and those of the adults around them. A truly comprehensive understanding of young children's well-being in England, and how it is changing over

time, needs to include their voices as well as those of adults.

Acknowledgements

This work was supported by the Froebel Trust. The authors are indebted to the parents/carers and practitioners who generously gave of their time, and to Dr Jessica Pitt for her work on analysis of the data.

Bibliography

- Bagdi, A. & Vacca, J. (2005) Supporting Early Childhood Social-Emotional Well Being: The Building Blocks for Early Learning and School Success. *Early Childhood Education Journal*, 33 (3): 145-150.
- Barblett, L. & Maloney, C. (2010) Complexities of assessing social and emotional competence and wellbeing in young children. *Australasian Journal of Early Childhood*, 35(2): 13-18.
- Bradshaw, J. (2002) Child Poverty and Child Outcomes. *Children and Society*, 16(2): 131-140.
- Cheng, C., Cheung, M. W-L., Montasem, A., & 44 members of the International Network of Well-Being Studies (2016) Explaining Differences in Subjective Well-Being Across 33 Nations Using Multilevel Models: Universal Personality, Cultural Relativity, and National Income. *Journal of Personality*, 84(1): 46-58.
- Clark, A. & Moss, P. (2001) *Listening to Children: the Mosaic Approach*. London: National Children's Bureau and Joseph Rowntree Foundation.
- Danby, G. & Hamilton, P. (2016) Addressing the 'elephant in the room'. The role of the primary school practitioner in supporting children's mental well-being. *Pastoral Care in Education*, 34(2): 90-103.
- Department for Education (England) (2014) *Listening to and involving children and young people*. London: Crown Copyright.
- Disabato, D. J., Goodman, F. R., Kashdan, T. B., Short, J. L., & Jarden, A. (2016) Different types of well-being? A cross-cultural examination of hedonic and eudaimonic well-being. *Psychological Assessment*, 28(5): 471-482.

- Education Scotland (undated) *Curriculum for excellence: Health and wellbeing*. Retrieved from http://www.educationscotland.gov.uk/Images/health_wellbeing_principles_practice_tcm4-540107.pdf
- Erwin, E. J. & Robinson, K. A. (2016) The joy of being: making way for young children's natural mindfulness. *Early Child Development and Care*, 186(2): 268-286.
- Fattore, T., Mason, J. & Watson, E. (2009) When Children are Asked About Their Well-being: Towards a Framework for Guiding Policy. *Child Indicators Research*, 2(1): 57-77.
- Fauth, B. & Thompson, M. (2009) *Young children's well-being. Domains and contexts of development from birth to age 8*. London: NCB.
- Guimaraes, S., Howe, S., Brogaard Clausen, S. & Cottle, M. (2016) Assessment of what/for what? Teachers' and head teachers' views on using well-being and involvement as a screening measure for conducting baseline assessment on school entry in English primary schools. *Contemporary Issues in Early Childhood*, 17(2) 248–253.
- Hopkins, J. (1988) Facilitating the Development of Intimacy Between Nurses and Infants in Day Nurseries. *Early Child Development and Care*, 33(1): 99-111.
- [Johnson](#), R. B., [and Onwuegbuzie](#), A.J. (2004) [Mixed Methods Research: A Research Paradigm Whose Time Has Come](#). *Educational Researcher*, 33(7): 14-26.
- Joloza, T. (2013) *Review of available sources and measures for children and young people's well-being*. Newport, South Wales: Office for National Statistics.
- Laevers F. (1994) *The Leuven Involvement Scale for Young Children*. Manual and video. Leuven, Belgium: Centre for Experiential Education. Experiential Education Series, No 1.
- Laevers, F. (2000) Forward to Basics! Deep-Level-Learning and the Experiential Approach. *Early Years*, 20(2): 20-9.
- Layard, R. & Dunn, J. (2009) *A Good Childhood*. London: Penguin.
- Mashford-Scott, A., Church, A., & Tayler, C. (2012) Seeking Children's Perspectives on their Wellbeing in Early

Childhood Settings. *International Journal of Early Childhood*, 44: 231-247.

Mayr, T. & Ulich, M. (2009) Social-emotional well-being and resilience of children in early childhood settings – PERIK: an empirically based observation scale for practitioners. *Early Years*, 29(1): 45-58.

McLellan, R. & Steward, S. (2015) Measuring children and young people's wellbeing in the school context. *Cambridge Journal of Education*, 45(3): 307-332.

Morrow, V. & Mayall, B. (2009) What is wrong with children's well-being in the UK? Questions of meaning and measurement. *Journal of Social Welfare & Family Law*, 31(3): 217-229.

Office for Standards in Education, Children's Services and Skills (OFSTED) England (2015) *Early years inspection handbook*. Manchester: Ofsted.

Page, J. (2011) Do mothers want professional carers to love their babies?. *Journal of Early Childhood Research*, 9(3): 310-323.

Page, J. & Elfer, P. (2013) The emotional complexity of attachment interactions in nursery. *European Early Childhood Education Research Journal*, 21(4): 553-567.

Perry, B. and S. Dockett, (2011) '“How 'bout we have a celebration!” Advice from children on starting school', *European Early Childhood Education Research Journal*, 19(3) pp.373-86.

Roberts, R. (2010) *Wellbeing from Birth*. London: Sage.

Rinaldi, C. (2006) *In dialogue with Reggio Emilia: Listening, researching and learning*. Abingdon: Routledge.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, (55): 68-78.

Seland, M., Sandseter, E. B. H., & Bratterud, Å. (2015) One- to three-year-old children's experience of subjective wellbeing in day care. *Contemporary Issues in Early Childhood*, 16(1): 70-83.

Seligman, M. (2011) *Flourish: A New Understanding of Happiness and Well-Being - and how to Achieve Them*. London: Nicholas Brealey Publishing.

Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive

psychology: An introduction. *American Psychologist*, (55): 5-14.

Spratt, J. (2015) Childhood wellbeing: what role for education? *British Educational Research Journal*, 42(2): 223-239.

Statham, J., & Chase, E. (2010) *Childhood Wellbeing: A brief overview*. London: Institute of Education.

Stephen, C. (2009) *Pedagogy: The Silent Partner in Early Years Learning*. Paper presented at British Educational Research Association Annual Conference, Manchester University.

The Children's Society (2015) *The Good Childhood Report*. London: The Children's Society.

The Children's Society (2016a) *The Good Childhood Report*. London: The Children's Society.

The Children's Society (2016b) *The Good Childhood Report, Summary*. London: The Children's Society.

United Nations (1989) *Convention on the Rights of the Child (UNCRC)*. Available at: www.unicef.org.uk/crc

UNICEF (undated) *Child well-being in the UK, Spain and Sweden: The role of inequality and materialism*. Available at:

https://www.unicef.org.uk/Documents/Publications/UNICEFIpsosMori_childwellbeing_reportssummary.pdf

UNICEF (2007) *Child poverty in perspective: An overview of child well-being in rich countries, Innocenti Report Card 7*, 2007. Florence: UNICEF Office of Research – Innocenti.

UNICEF Office of Research (2013) *Child Well-being in Rich Countries: A comparative overview, Innocenti Report Card 11*. Florence: UNICEF Office of Research-Innocenti.

UNICEF Office of Research (2016) *Fairness for Children: A league table of inequality in child well-being in rich countries, Innocenti Report Card 13*. Florence: Unicef Office of Research – Innocenti.

Weiss L. A., Westerhof G. J., & Bohlmeijer, E.T. (2016) Can We Increase Psychological Well-Being? The Effects of Interventions on Psychological Well-Being: A Meta-

Analysis of Randomized Controlled Trials. *PLoS ONE* 11(6): e0158092. doi:10.1371/journal.pone.[0158092](https://doi.org/10.1371/journal.pone.0158092)

White, J., Connelly, G., Thompson, L., & Wilson, P. (2013) Assessing wellbeing at school entry using the Strengths and Difficulties Questionnaire: professional perspectives. *Educational Research*, 55(1): 87-98.

World Health Organisation (WHO) (1946) Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the

World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Appendix A: Excerpts from Parent/carers questionnaire and Practitioner questionnaire

Item 14 (parents/carers) / Item 13 (practitioners)

How important are the following to children's well-being?

Please give each item a rating from 1-10.

1= not important to 10 = very important. You can select the same rating more than once.

Good family relationships

Time and space to play

Enjoying nursery or school

Experiencing fun and laughter

Being good at listening to others

A sense of belonging in a community

Expressing thoughts and feelings

Financial security

Feeling good about themselves

Feeling listened to

The company of friends

Enjoying physical activity

Having religious or moral beliefs

Other:.....

Items 15-27 (parents/carers) and Items 14–26 (practitioners) followed a similar Likert scale format, with the instruction to:

Please circle the most applicable words to show how

much you agree or disagree with the following statements about children's well-being.

Strongly Disagree	Disagree	Neutral
Agree	Strongly Agree	

Children's well-being depends on:

Having a good relationship with their parent/carer

Speaking up for themselves

The family having enough money

Feeling safe

Feeling that they are doing well at school or nursery

Being able to cope with challenge

Feeling part of a community

Engaging in play

Having close relationships/friendships

Having a close bond with their keyworker/ practitioner/
teacher/ childminder

Having religious beliefs

Having good health

A good relationship between parents and childcare
professional

Item 28 (parents/carers) and Item 27 (practitioners)

Please add anything else below that you think children's well-being depends on.